No X	child because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	l" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
X on Si	trusts" need not Yes	of Official Conduct and certain other "excepted to official Conduct and certain other excepted to office of the of	on standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
QUESTIONS	EACH OF THESE QUES	- ANSWER	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ed and the "response.	must be answered for each "Yes	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	N _o	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
No X	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _o	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
No X	or before the date Yes	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	\[\sum_{\text{S}}	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
No X	I receive any the reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	×	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
X on Se	receive any regating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.		I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes X lf yes, complete and attach Schedule I.
		E QUESTIONS	OF THESI	PRELIMINARY INFORMATION - ANSWER EACH OF THESE
hall be assessed ho files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	e Employing Office: e Termination Date:	Officer or Employee	Filer Member of the U.S. State: (A) Tornia Status A House of Representatives District: 55 Report Annual (May 15) Amendment
TATIVES se Only)] (Daytime Telephone: 102.225.6156	Daytime T	Name: Grace Flores Napolitano
PERCENTER PROPERTY OF THE PROP	TAND DELIVERS OF AN ERROR DELIVERS DELI	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	s received under the Social Se	ourity Act.
Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Ford Retirement Plan	Pension	\$10,700
California Public Employecs' Retirement	Pension	\$5,900

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

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Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2008	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2008	\$500

The Giv	Con con	JT	SP, SP, S	each asset in the reporting threshold. If not self-directed, nar account and its value period. For an active traded, state the nam of its activities, and Block A. For additinstruction booklet. Exclude: Your perithere is rental incom your spouse, or by parent, or sibling; am less in personal savinterest in or ind Government retireme If you so choose, your income source is dependent column on the control of t	Asset and/or Inco Identify (a) each asset held for duction of income with a exceeding \$1,000 at the end od, and (b) any other asset of which generated more than income during the year. For and norwide a complete a names of stocks and mutual ticker symbols). For all IRAs: plans (such as 401(k) plans) (i.e., plans in which you haw not exercised, to select the safe income safe they walle and income the complete the safe in the collection of th
The Girls 4-Plex	congress	1st Bank of Paducah, KY Accounts	SP Mega Corp. Stock Simon & Schuster	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land nrawide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans) in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on
				None >	rep me ple yea ger
			Indefinite	\$1 - \$1,000	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
				\$1,001 - \$10,000	spe
	×	\dashv	×	\$15,001 - \$50,000	BLOCK B Value of Asset a alue of asset a rear. If you use a rear than fair ma cify the method u runas sold during th is included only income, the value
		×	-	\$100,001 – \$250,000	BLC of of that that the coluc me,
x			-	\$250,001 \$500,000	BELOCK B Je of Ass of ass If you than fair than fair the meth the meth cold during colded cone, the v
				\$500,001 - \$1,000,000 ±	B Set Set use use hod hod only
				\$1,000,001 - \$5,000,000 -	at at at use
				\$5,000,001 - \$25,000,000	clo clo val val eca shou
				\$25,000,001 - \$50,000,000	se uati valu valu
				Over \$50,000,000	of lie,
				NONE	
			×	DIVIDENDS	Type of Ir Check all columns retirement plans or a not allow you to not allow you ma all other assets inc, indicate the type of in indicate the type of in indicate the appropria unvoenos and inter vested, should be il Check "None" if asse ate any income durin
*		X		RENT	nent all llow nent all llow ner a et he e th he ying y inc
	*			INTEREST	BLOC Type of II column It plans or It plans or It wyou to It plans or It pla
			×	CAPITAL GAINS	BLOU BLOU
				EXCEPTED/BLIND TRUST	ype of Incu columns th plans or acc you to che the you to che the you foult the you may very the you may assets includ the type of ince appropriate s and interes hould be liste one" if asset o come during o
Sales	Jewelry		Royalties	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividences and interest, even if come vested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
			_ _	None –	For not che che
				\$1 - \$200 =	Amount of Inc. Amount of Inc. For retirement plans or account allow you to choose spenents, you may write "NA" For all other assets, included indicate the category of checking the appropriate bividends and interest, specifically, should be listed. Should be listed or generated.
			-	\$201 - \$1,000	An eme wyou you ythen bids thous
			×	\$1,001 - \$2,500 <	BLOCK D Amount of Income ement plans or accounts you to choose specific you may write "NA" for ther assets, including a the category of ince the appropriate box of the appropriate box of the income the income was arted.
			+	\$2,501 - \$5,000 <	BLOCK D Int of Ir plans or a po choose py write "h sets, inch sets, inch appropria interest f no incor
	×	×		\$5,001 – \$15,000 <u>≤</u>	OK I
			-	\$15,001 − \$50,000 ≦ \$50,001 − \$100,000 ≦	of the me
	<u> </u>		×		was:
		H		\$100,001 - \$1,000,000 \(\overline{\times}\) \$1,000,001 - \$5,000,000 \(\times\)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income box below. Dividends and interest, even if reincitical, should be licensed as income was earned or generated.
		H		Over \$5,000,000 ×	t do t do est me me by by by ned
			S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

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None	Continuation Sheet (if needed))	וייין	HORES NAPONIANO
None >	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
None S1 - \$1,000 S1,001 - \$15,000 S1,001 - \$50,000 S15,001 - \$50,000 S15,001 - \$50,000 S10,001 - \$250,001 S250,001 - \$10,000 S250,001 - \$10,000 S250,001 - \$50,000 S250,001 - \$1,000 S25,000,001 - \$25,00 S25,000,001 - \$50,00 S25,000,001 - \$50,00 NONE DIVIDENDS RENT CAPITAL GAINS EXCEPTED/BLINE Other Type of Incom (Specify) None S1 - \$200 S201 - \$1,000 S201 - \$1,000 S201 - \$1,000 S2,001 - \$2,500 S2,001 - \$2,500 S2,001 - \$2,500 S2,001 - \$1,000 S1,001 - \$2,500 S2,001 - \$1,000 S5,001 - \$15,000 S5,001 - \$1		© 000,000 ►		III V V VI VIIIV
		\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,00 \$250,001 - \$500,00 \$500,001 - \$1,000 \$1,000,001 - \$5,000 \$5,000,001 - \$25,00 \$25,000,001 - \$50,000	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLINE Other Type of Incom	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000

SCHEDULE IV— TRANSACTIONS

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											4-Plex	SP Example: Mega Coporation Common Stock (partial sale)	ease so indicate (i.e., "par	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal or your dependent child, or the purchase or sale of your personal or your dependent child, or the purchase or sale of your personal or your dependent child.	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,
										_	×		j. j.	JRCHASE	<u> </u>	of Tr
												×	Si	ALE		Type of Transaction
ſ							_						10	KCHANGE		ction
						i					00-20-08	10-12-08	, 1 , 2 , 3 , 3 , 3 , 3 , 3 , 3 , 3	Quarterly, Monthly, or Bi-weekly, if	(MO/DAY/YR)	Date
									-				\$1.0 \$1.5,		<u> </u>	
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SCHEDULE V— LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000

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			HSBC	Napolitano for Congress	Example: First Bank of Wilmington, Delaware		Creditor		
			Mortaage on 4-DIEX	Loan	Mortgage on 123 Main St., Dover, Del.		Type of Liability		
						\$10,00 \$15,00	<u> </u>	В	
						\$15,00 \$50,00	0	င	
				×		\$50,00 \$100,0	D(!	٥	
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			ļ			\$500,0 \$1,000	,0 30	ည	Amount of Liability
			ļ			\$1,000 \$5,000	0(0,	-	₹
						\$5,000 \$25,00	0, 000)	
			<u> </u>	ļ		\$25,00 \$50,00	0,)01 0,)00 ————	<u>-</u> -	
						Over \$50,00	0,000	, 大	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

			_	_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Girts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Evample:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z		Z	None
Lvampica	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	×	~	2 Days
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SCHEDULE VIII—POSITIONS

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proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, organization, or any educational or other institution other than the United States.

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

		rocition	
		name vi Organizativn	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date
Parties To
Terms of Agreement